


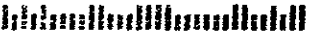
FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 017-070	2. PERIOD COVERED MO DAY YEAR From 07 01 2000 Through 06 30 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____		
IMPORTANT MICHAEL GILL (2) 017-070 CARPENTERS AFL-CIO 340 LU 948 321 FIFTH ST SIOUX CITY, IA 51101 6/2001 			
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number 14	Bret M Schwier SIOUX CITY, IOWA 51103 (712) 276-4000

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED <u>X Ron Hogan</u> 10/28/01 (712) 276-9044 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED <u>X Dennis Johnson</u> 10/28/2001 (712) 258-2711 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 294

19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2003

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 30000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>30.50</u> per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒

(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☒

24. Did your organization have any contingent liabilities at the end of the reporting period? ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 017-070

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....		306362	332329
	26. Accounts Receivable.....			
	27. Loans Receivable.....	1		
	28. U.S. Treasury Securities.....			
	29. Investments.....	2	20	20
	30. Fixed Assets.....	5	60000	60000
	31. Other Assets.....	3	11826	11826
	32. TOTAL ASSETS.....		378208	404175

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....			
	34. Loans Payable.....	8		
	35. Mortgages Payable.....			
	36. Other Liabilities.....	4		
	37. TOTAL LIABILITIES.....			
	38. NET ASSETS (Item 32 less Item 37).....		378208	404175

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 017-070

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		128722	56. To Officers	9	3780
40. Per Capita Tax			57. To Employees	10	36559
41. Fees			58. Per Capita Tax		35130
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	16331
44. Work Permits			61. Educational & Publicity Expense ...		
45. Sale of Supplies			62. Professional Fees		1575
46. Interest		14263	63. Benefits	11	11963
47. Dividends			64. Contributions, Gifts & Grants	12	250
48. Rents		7760	65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		2274
50. Loans Obtained	8		67. Withholding Taxes		4172
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14		71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements	15	12744
55. TOTAL RECEIPTS		150745	74. TOTAL DISBURSEMENTS		124778

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 017-070

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

N/A

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 27 Column (A) </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 69 </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 51 </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 75 with Explanation </div> <div style="display: inline-block; text-align: center; margin: 0 20px;"> ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	20
5. Total Book Value	20
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	20
Enter the Total from Line 7 in _____ Item 29, Column (B)	

FILE NUMBER: 01 2 - 0 7 0

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. Office Equipment	11826
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	11826
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES N/A

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 017-070

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location): 321 5 th Street Sioux City IA 51101	60000		60000	60000
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	60000		60,000	60000

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

N/A

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS *NIA*

FILE NUMBER: 017-070

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

NIA

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>Enter the Totals from Line 6 in</div> <div>↑ Item 34 Column (C)</div> <div>↑ Item 50</div> <div>↑ Item 70</div> <div>↑ Item 75 with Explanation</div> <div>↑ Item 34 Column (D)</div> </div>					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 017-070

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name 1. HOGAN Title PRESIDENT	First Name RONALD Status C		420			420
Last Name 2. BANYAS Title VICE PRESIDENT	First Name STEVE Status C		420			420
Last Name 3. JOHNSON Title TREASURER	First Name DELMER Status C		420			420
Last Name 4. GOEDEN Title REC SECRETARY	First Name LEROY Status C		420			420
Last Name 5. SWANSON Title TRUSTEE	First Name DOUG Status C		420			420
Last Name 6. MILLER Title TRUSTEE	First Name KEITH Status C		420			420
Last Name 7. KLOSTERMAN Title CONDUCTOR	First Name MILES Status C		420			420
8. Totals from additional pages (if any)						840
9. Totals of Lines 1 through 8						3780
				10. Less Deductions		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 3780		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 01 2-070

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. <small>Last Name</small> V L A A N D E R E N <small>First Name</small> J O A N <small>Position</small> O F F I C E M A N A G E R <small>Name of Affiliated Organization</small>	24427				24427
2. <small>Last Name</small> <small>First Name</small> <small>Position</small> <small>Name of Affiliated Organization</small>					
3. <small>Last Name</small> <small>First Name</small> <small>Position</small> <small>Name of Affiliated Organization</small>					
4. <small>Last Name</small> <small>First Name</small> <small>Position</small> <small>Name of Affiliated Organization</small>					
5. <small>Last Name</small> <small>First Name</small> <small>Position</small> <small>Name of Affiliated Organization</small>					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					12 13 2
8. Totals of Lines 1 through 7					36 55 9
Enter the Total from Line 10 in.....			9. Less Deductions		
Item 57 ⇨			10. Net Disbursements 36 55 9		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 017-070

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH & WELFARE FUND		5117
2. LOCAL #948 RETIREMENT PLAN		6207
3. SICK DUES		639
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		11963
Enter the Total from Line 6 ↑ Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS


Description (A)	Amount (B)
1. Sioux City Police Association	50
2. NW Iowa Labor	125
3. Abu Bekr Shrine Circus	75
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	250
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. OFFICE EXPENSE	6335
2. TELEPHONE	3675
3. UTILITIES	4966
4. DUES & SUBSCRIPTIONS	695
5. PARKING	660
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	16331
Enter the Total from Line 8 in ↑ Item 60	


SCHEDULE 14 — OTHER RECEIPTS

N/A

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	
Enter the Total from Line 17 in  Item 54	

FILE NUMBER: 017-070

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. TRAVEL	2314
2. REPAIRS + SUPPLIES	4142
3. INSURANCE	2053
4. BANK CHARGES	1261
5. OUTSIDE SERVICES	2974
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	12744
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: CARPENTERS AFL-CIO

ENDING DATE OF PERIOD COVERED: 06-30-2001

FILE NUMBER: 017-020

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name <u>BOYLE</u> First Name <u>PATRICK</u> Title <u>WARDEN</u> Status <u>C</u>			<u>420</u>			<u>420</u>
Last Name <u>RUHRER</u> First Name <u>RONALD</u> Title <u>TRUSTEE</u> Status <u>C</u>			<u>420</u>			<u>420</u>
Last Name <u>GILL</u> First Name <u>MICHAEL</u> Title <u>FIN SECRETARY</u> Status <u>C</u>			<u>0</u>			<u>0</u>
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						<u>840</u>

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						